PLYMOUTH MANOR NURSING/REHABILITATION CENTER

619 WEST WALNUT STREET

MI LWAUKEE 53212 Ownership: Corporati on Phone: (414) 263-1770 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): 109 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 109 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 71 Average Daily Census: 89 *********************** *************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	21. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	25. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	5. 6	Under 65	29. 6	More Than 4 Years	53. 5
Day Services	No	Mental Illness (Org./Psy)	25. 4	65 - 74	16. 9	Ί	
Respite Care	No	Mental Illness (Other)	7. 0	75 - 84	28. 2	ľ	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	2. 8	85 - 94	21. 1	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	4. 2	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	4. 2	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	23. 9	65 & 0ver	70. 4		
Transportati on	No	Cerebrovascul ar	1.4			RNs	7.8
Referral Service	No	Di abetes	8. 5	Sex	%	LPNs	10. 9
Other Services	Yes	Respiratory	0. 0			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	21. 1	Male	36.6	Ai des, & Orderlies	51. 6
Mentally Ill	No			Female	63. 4		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay	;		Family Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	3	100. 0	102	4	6. 1	160	0	0.0	0	1	100. 0	150	1	100. 0	160	0	0.0	0	9	12. 7
Skilled Care	0	0.0	0	49	74. 2	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	49	69. 0
Intermediate				10	15. 2	121	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	14. 1
Limited Care				2	3. 0	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.8
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				1	1. 5	195	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100. 0		66	100.0		0	0.0		1	100.0		1	100. 0		0	0.0		71	100. 0

PLYMOUTH MANOR NURSING/REHABILITATION CENTER

County: Milwaukee

Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	of Residents'	Condi ti	ions, Services, ar	nd Activities as of 12/	′31/01
beachs builing hepoteting ferroe	-	ı'			% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	12. 2	Daily Living (ADL)	Independent	0ne	Or Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	11.3		9. 9	78. 9	71
Other Nursing Homes	12. 2	Dressi ng	11. 3		9. 9	78. 9	71
Acute Care Hospitals	75. 6	Transferring	11. 3		9. 9	78. 9	71
Psych. HospMR/DD Facilities	0.0	Toilet Use	11. 3		9. 9	78. 9	71
Reĥabilitation Hospitals	0.0	Eati ng	11. 3		9. 9	78. 9	71
Other Locations	0.0	********	******	******	*******	********	********
Total Number of Admissions	41	Conti nence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	12. 7	Receiving Resp	oi ratory Care	1.4
Private Home/No Home Health	37. 5	Occ/Freq. Incontinen		49. 3	Recei vi ng Trac	cheostomy Care	0.0
Private Home/With Home Health	1.6	Occ/Freq. Incontinen	t of Bowel	52 . 1	Receiving Suct	i oni ng	0.0
Other Nursing Homes	17. 2	•			Receiving Osto	omy Care	2. 8
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tube	Feedi ng	15. 5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2. 8	Receiving Mech	anically Altered Diets	31.0
Reĥabilitation Hospitals	0.0				S	· ·	
Other Locations	0.0	Skin Care			Other Resident (Characteri sti cs	
Deaths	43.8	With Pressure Sores		11.3	Have Advance D	i recti ves	0. 0
Total Number of Discharges		With Rashes		1.4	Medi cati ons		
(Including Deaths)	64	İ			Receiving Psyc	choactive Drugs	62. 0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownership: Bed Size: Li censure: Propri etary 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 81.7 77. 1 1.06 85. 7 0.95 82.7 0.99 84. 6 0.97 Current Residents from In-County 98.6 82.7 1. 19 86. 1 1. 14 **85**. 3 1. 16 77. 0 1. 28 Admissions from In-County, Still Residing 34. 1 19. 1 1. 79 17.5 1.95 21. 2 1.61 20.8 1.64 Admissions/Average Daily Census 46. 1 173. 2 0.27 212. 2 0. 22 148. 4 0.31 128. 9 0.36 Discharges/Average Daily Census 71.9 173.8 0.41 210. 1 0.34 150. 4 0.48 130.0 0.55 Discharges To Private Residence/Average Daily Census 28. 1 71.5 0.39 87. 3 0.32 **58.** 0 0.48 52.8 0.53 Residents Receiving Skilled Care 81.7 92.8 0.88 93.8 0.87 91.7 0.89 85.3 0.96 Residents Aged 65 and Older 70.4 86.6 0.81 94.0 0.75 91.6 0.77 87. 5 0.80 Title 19 (Medicaid) Funded Residents 93.0 71.1 1.31 60. 5 1.54 64. 4 68. 7 1.35 1.44 Private Pay Funded Residents 13. 9 0.05 23.8 22. 0 0.06 1.4 0. 10 26. 1 0.06 Developmentally Disabled Residents 5. 6 1. 3 4.21 0. 9 5.96 0. 9 5. 99 7. 6 0.74 32. 5 Mentally Ill Residents 32. 4 1.00 27. 3 1. 19 32. 2 1.01 33. 8 0.96 General Medical Service Residents 21. 1 20. 2 1.04 27.4 0.77 23. 2 0.91 19.4 1.09 51. 2 49.3 1.72 Impaired ADL (Mean) 84. 5 52.6 1.61 1.65 51.3 1.65 Psychological Problems 62.0 48.8 1.27 52. 4 1. 18 50. 5 1.23 51.9 1.19 Nursing Care Required (Mean) 7. 9 1.08 6. 7 1. 18 7. 2 7.3 1.08 7.3 1. 10